

BUDGET SUMMARY

Legal Name of Applicant: _____

Cost Categories	TDH Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$
B. Fringe Benefits	\$	\$	\$	\$	\$	\$
C. Travel	\$	\$	\$	\$	\$	\$
D. Equipment	\$	\$	\$	\$	\$	\$
E. Supplies	\$	\$	\$	\$	\$	\$
F. Contractual	\$	\$	\$	\$	\$	\$
G. Construction	N/A	\$	\$	\$	\$	\$
H. Other	\$	\$	\$	\$	\$	\$
I. Total Direct Costs	\$	\$	\$	\$	\$	\$
J. Indirect Costs	\$	\$	\$	\$	\$	\$
K. Total (Sum of I and J)	\$	\$	\$	\$	\$	\$
L. Program Income -- Projected Earnings	\$	\$	\$	\$	\$	\$
M. Match						
--In-Kind	\$	\$	\$	\$	\$	\$
--Other Match	\$	\$	\$	\$	\$	\$

Indirect costs are based on (mark the statement which is accurate):

- ☐ The applicant's most recently approved indirect cost rate (_____%). A copy is attached behind the OTHER Budget Category Detail Form.
- ☐ The applicant's most recently approved indirect cost rate (_____%) which is on file with TDH's Fiscal Division.
- ☐ Uniform Grant Management Standards.

BUDGET SUMMARY INSTRUCTIONS

This form should reflect funding from all sources that support the project described in this application. Itemize the amount of support for each funding source and sum columns A through M and sum rows 1-5. See "Budget Forms and Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.
- Column 2: Federal funds awarded directly to applicant.
- Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
- Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
- Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising).
- Column 6: The sum of columns 1-5.

Program Income: Projected Earnings. Applicant must estimate the amount of program income that is expected to be generated during the budget period.

Match: If applicant is required to provide a match with this application, applicant shall enter the amount of matching funds contributed from the appropriate funding column(s). Costs and third party in-kind contributions counting towards satisfying a cost sharing or matching requirement must be verifiable from the applicant's records. These records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services will be supported by the same methods that the applicant uses to support the allocability of regular personnel costs. Third party in-kind contributions count toward satisfying a cost sharing or matching requirement only where, if the party receiving the contributions were to pay for them, the payments would be allowable costs.

In-Kind: The dollar value of in-kind contributions should be reflected in the appropriate line of row M. In-Kind Match and in the appropriate funding source column heading. The value placed on donated or volunteer services must be reasonable and must be documented to the satisfaction of TDH prior to being accepted as match. Documentation supporting the reasonableness and value of donated or volunteer services must be attached behind the BUDGET SUMMARY form.

Other Match: Enter the dollar amount of funds which will be used to match TDH funds for the proposed activity in row M. Other Match under the column heading which reflects the source of the other match. Match may come from sources such as local funds, other state grants, federal grants, private donations, or private foundations if not otherwise restricted.